THE JOURNAL
OF
THE KANSAS MEDICAL SOCIETY

Volume VII. AUGUST 1, 1907. Number 8

ORGANO-THERAPY IN THE TREATMENT OF NEPHRITIS.

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Before essaying to write upon the subject of organo-therapeutics in the treatment of Nephritis at the present day, it is quite necessary to define, along certain lines, one's conception of the scope and application of the term.

Organo-therapy or opo-therapy comprises the science and art of healing in the use of juices, extracts or secretions derived of certain organs or parts thereof, which are taken from the animal kingdom, for the purpose of alleviating and curing disease. They are, to some extent, composed of inorganic materials, as water, gases, salts, etc., but chiefly consist of organic compounds (proximate principles) obtained by a proximate analysis. The further reduction of these proximate principles to their elementary constituents shows that carbon plays the leading role therein, associated with hydrogen, oxygen, nitrogen, and other elements.

The use of glandular extracts and juices as remedies in disease is very old, and by no means of recent origin, as is commonly supposed. The organs, tissues, and secretions of animals were extensively employed as medicinal agents in ancient times. According to Park, the treatment by organo-therapy may be traced to a very early epoch in the history of medicine. Chinese physicians have used since remote antiquity, the juice of macerated pigs' lungs for pulmonary diseases; for headache, pigs' brains were administered;

Read at the forty-first annual meeting of the Kansas State Medical Society, May, 1907, Kansas City, Kan.

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for dysentery and chronic diarrhoea, pigs' intestines. Many of the glandular extracts and juices were official in the pharmacopoeias of the last century. At present the only glandular extracts recognized in the United States pharmacopoeia are the supra-renal and thyroid glands of the sheep.

In 1889 Brown-Sequard advocated the use of orchitic (testicular) extract for impotence and several nervous affections, and was profoundly stimulated by the results of Murrays' suggestion in 189[illegible] of thyroid extract for the cure of myxedema. According to his theory all glands in addition to their ordinary secretions, elaborate certain materials of unknown chemical composition, which pass into the blood and perform therein definite functions of some kind. We know now that such is the case with the thyroid and supra-renal glands, and we suspect that it is equally true of the thymus and the spleen, and have reason to believe it highly probable that the other glands of the body exert influences heretofore unsuspected, over distant parts of the organism.

Potter says that the animal extracts form a group of active medicinal agents, which are worthy of careful investigation, both physiologically and clinically. The study already given to them has yielded much new knowledge, and has shown indubitably that their employment as therapeutic agents rests on a scientific basis. But most of them are, as yet, on trial and the limits of their utility in medicine are by no means defined. They are active medicinally only when injected subcutaneously or by the rectum, with the exception of thyroid extract and perhaps some others. Most of them are destroyed or altered in the stomach, or prevented by the liver from entering the general circulation. Physiological chemists are endeavoring to separate their active principles, some of which are already demonstrated to be the most powerful of all alteratives, while others possess the most energetic action upon the muscular fibres in the walls of the arterioles.

It cannot be denied that the use of the extract or juice of some of the organs have certain disadvantages on account of the varying amount of active substance in the individual organ, the admixture of products of decomposition, etc. Obviously it would be desirable to isolate and to utilize the specific active substance. There have been numerous trials in this direction. At one time it was hoped that the desired body could be obtained in the form of a ferment, at another time it was supposed that it could be secured as a fixed chemical combination from the group of proteid substances or even as an alkaloid.

Of the organo-therapeutic specialties, thyroid and supra-renal extract are the ones mostly used and talked of. The renal extract or nephrine belongs to the newer extracts, and is beneficial, especially in renal diseases, in affections arising from impairment or failure of nitrogenous metabolism, the promotion of which is one of the functions of the kidneys.

Other organic extracts and preparations are also known to produce certain effects upon the organism. For instance, thus adrenal extract increases blood pressure, preparations made from the spleen and liver have an influence upon leukocytosis. Successes are reported with cerebrim in cerebral affections, medullin, in diseases of the bone, with didymin for subjects of impotence or a debilitated nervous system, with the substance of the adrenals in Addison's Disease, with pancreatic tablets in diabetes on account of the experimentally proven relation of the pancreas to glycosuria, and diabetes. All these later named, when examined, are based upon nothing more than analogy and lack direct experimental proof in general and the successes reported with these preparations must be regarded as very exceptional, if, indeed, we credit them at all.

Krusen in 1901 reported that he used ovarian extract in 100 cases of amenorrhea and other pelvic disorders. While he met with some striking results, on the whole, the treatment proved a failure and no definite reliance is to be placed on the agent. No benefit was seen in amenorreha and dysmenorrhea, but better results in the artificial menopause. It was, however, harmless. The use of the agent is based on a false theory, since the ovary is not a secreting organ.

Several years ago Ghedini made experimental researches on organ treatment. He injected dogs and lambs subcutaneously with extracts of various organs, continuing the treatment from one to several months. He then found evidences of inflammation of a degenerative and infiltrative type in the superficial lymphatics, especially those in the axilla and inguinal regions, and in the liver, kidneys and spleen, while the thyroid gland was in a condition of hyper function. No other reaction could be discovered. These results were constant in his fourteen animals, and he assumes that the organ extracts acted like toxins in the circulation, without any specific affinity for the corresponding organs. Later on he made experiments on a second series of animals with like results.

In the field of organo-therapy the same phenomenon is met with which we find at present in other realms of therapy; professional activity and choice are influenced more than is desirable from a source outside of the profession. I mean by the manufacturing

chemist. The chemical laboratories have lately thrown themselves jealously into the endeavor, laudable in itself, to produce or to combine chemical bodies, whenever a theoretic consideration, or an animal experiment appeared, to show the existence of a pharmacodynamic property. These endeavors have flooded the medical market with an endless number of new preparations, that are distributed for trial, and with the hope of a successful trial, to competent and incompetent judges. Now, there is absolutely no curative agent, no matter how slight the foundation for its use, that does not have its firm believer, and serve for purposes of investigation.

These facts every fair minded physician will admit as only too true, and so it came that during the last ten years I busied myself during leisure hours, with organo-therapy, taking up principally the kidney. In treating different types of nephritis, especially serious uremia, the final stage of complete renal insufficiency, we should have only one object in view: to moderate toxemia, the obligatory result of glandular impermeability, by faciltating the elimination of the retained poisons through the agency of the natural emunctories, or by endeavoring to withdraw them directly from the blood in circulation. This can be accomplished by endeavoring to arouse the renal eliminatory function by means of diuretics or cardiac drugs, or by bringing into play certain alternate functions by the use of purgatives, sudorifics, or by the more radical method of blood-letting, or lumbar puncture, or, lastly, by the use of opotherapic treatment, to neutralize these poisons directly in the blood or in the tissues impregnated with toxic edema. Of this last named treatment, opotherapy, I shall speak more fully.

Organo-therapy in diseased conditions of the kidney, more especially uremia, has been used during the last fifteen years in this country; the physicians in foreign countries have done likewise. The reason why renal organo-therapy has not yet entered into our ordinary practice is that we were inclined to demand greater results from it than it is capable, strictly speaking, to give. Experience has shown that, when used at the proper time and under clearly defined conditions, it has unquestionable indications and efficacy. When using the organic treatment in Nephritis we have two points to consider:

First: The conditions warranting its use and what hopes we can found on it.

Second: The rules that are to guide us in choosing the preparation to be used.

In a general way I will say that the organo treatment finds its

application in all cases of renal insufficiency of whatever importance, acuity or significance and will be only of real value and sevice in counter-balancing the toxic effect of retention products until such a time as the treatment employed shall have again opened the channels of excretion, re-establishing in the permeability of the gland the relative equilibrium that has been upset by the disorder present.

Professor Teissier in the International Clinic mentions the three different methods which have been followed in endeavoring to compensate the failing renal function and to replace the suppressed internal secretion.

1. **The Glycerin Extract of Kidney Tissue, Called Nephrine.** Made as follows: The kidney of a pig is carefully extracted in a sterilized vessel. Then cut into thin sections, macerated in an equal amount in pure glycerine and packed in a vessel set in ice. At the end of twenty-four hours the glycerine has extracted from the macerating kidney thirty per cent of its juice. The extract, to which from five to ten parts of chloridized water is added to make the injection less painful, remains two hours in a d'Arsonval's sterilizing filter under 60 atmospheric pressure of carbonic acid gas, and is then filtered through a d'Arsonval porous candle at the same pressure. The liquid, when filtered, comes out perfectly limpid, and is enclosed in bulbs sealed by a blowpipe. Each bulb contains per C. C. all the soluble elements of from ten to twenty-five centigrams of renal substance, according to whether the original glyclerin extract was diluted in five or ten parts of salted water. Teissier prefers the five part solution for therapeutic use. Age appears to have little effect on extracts prepared in this manner. Keep on ice and as long as the liquid remains limpid it is good for use.

2. **The Blood Serum Extracted from the Renal Vien.** Bra in 1895 was the first one that broached the subject by querying "whether the blood, leaving an organ, and which contains, consequently, the products of internal secretion of that organ, would not act more usefully than an extract made from the entire organ." This serum is extracted by aspiration from the renal vein of a goat, an animal that is usually refractory to tuberculosis, and whose serum is slightly toxic—less than that of man. Twenty C. C. of this is injected under the skin of the abdomen two or three times a day as long as necessary. The injections are always well borne, although, after causing temporary rise of temperature, in some cases even severe, the thermometer rising to 102 to 104 F., during the day following the injection. This rise of temperature is always noticed in fresh serum and as it loses its toxic action with age, without losing its anti-

toxic properties, which it retains for many months after extraction, we feel that it is preferable not to use fresh serum.

3. **The Direct Use of the Pulp of the Raw Organ** in giving by the stomach a maceration of the entire gland, the integral opotherapy. Remove the capsules of two or three pigs' kidneys, wash thoroughly, and cut up fine and mash in a mortar; to the pulp thus prepared, add 450 grammes of water salted to seven per cent, macerate for four hours, then decant carefully. This liquid, about three to four cupfuls, contains the greater part of the really useful glandular elements; give in a little milk or bouillon in three or four doses.

I have used the glycerin extract, in the last five years, in about fifteen cases suffering from chronic nephritis of from four to eight years standing. All of these cases were complicated with serious signs of auto-intoxication, stubborn headache, giddiness, obscuration of the visual field, vertigo, somnolence, gastro-intestinal derangement, combined with nausea and vomiting, slight edema of lower extremity, more so at abdomen, a very large decrease in the total daily excretion of urinary solids, and with partial or complete unconsciousness, accompanied with convulsions beginning in one extremity, face and muscles of the neck. In several cases the muscles of chest and abdomen were involved and patient complained with asphyxia and dyspnœa. In eleven cases, after using the organo treatment, the above described condition subsided, the urinary solids increased and all auto-intoxication signs disappeared. This took about two to three months, according to the severity of case, the other four cases had absolutely no benefit, as the partial recovery only lasted a few days, or even a week, after which the patients grew as bad as before, in spite of the opo-therapy and finally succumbed.

The initial dose of this extract should be very small in order to avoid the possible systemic disturbance, which I have noticed as following on its administration. I generally began with one to one and one-half grammes twice daily, increasing it to two C. C. after a few days.

The blood serum extracted from the renal vein, I tried in five other cases where the glycerine extract injection seemed to fail. Two of these cases followed scarlet fever, one typhoid fever, one diphtheria and the other one had no history. The last case had an acute nephritis with an unknown exciting cause, lasting six weeks. After a supposed recovery the patient became ill suddenly and in twenty-four hours became edematous all over the body, complete anuria, massive albuminuria, intense headache and backache, gas-

tro intestinal disturbances with constant vomiting and intense cerebral symptoms. The other four cases had about similar symptoms, only coming on slower. The nephrine injection failed to give relief in all five cases, while the serum gave relief in all cases with the exception of the one following diphtheria. This patient died five weeks after a supposed recovery of diphtheria from a post-diphtheritic paralysis. In the four cases mentioned the albuminuria disappeared almost completely. On the third day the urea and chlorid elimination increased and urinary toxicity decreased.

The macerated pulp of the raw organ was used in thirty cases, giving about two sheep or pigs kidney daily for ten consecutive days, stopping one week and then taking the same treatment over again as before. The symptoms of these thirty cases were along the same line as mentioned above, only the functional insufficiency of the kidneys was not so well marked. All of the cases were male patients from thirty-five to forty years of age. Twelve could not overcome their repugnance at swallowing this preparation, and stopped after trying to use the maceration, without any benefit. Five had very serious gastro-intestinal disorders accompanied with intense vomiting and purging, three others manifested urticaria, which made it necessary to abandon the treatment after many unsuccessful trials, as the same condition always reappeared when taking the treatment. It was only possible in ten cases to overcome the initial distaste to swallow this preparation. In three of the ten cases the symptoms of albuminuria became so much worse that the administration of the glandular maceration was also stopped. In the other seven cases the urine showed progressive decrease of albuminuria, while the symptoms of renal insufficiency disappeared completely in two cases, while only partially so in five.

During my observations, I came across three cases of blindness in the course of severe nephritis with uremic symptoms where the extract was used. In two of the cases I noticed pupillary reaction was present and the patient recovered from the blindness, while on the third patient I didn't notice any reaction of pupils and permanent blindness resulted. I attributed this condition to the great pressure of exudate ensuing in a degeneration of the optic nerve, while in the transitory blindness the optic nerve recovered again completely.

In summarizing my observations I believe that renal opotherapy is surely of real service in counter-balancing the toxic effects of retention products until such a time as the treatment employed shall have again opened the channels of excretion, re-establishing in the

permeability of the gland the relative equilibrium that has been upset by the disorder present.

No matter how diverse the different organo-therapeutic preparations may be, their use evidently checks the previously described symptoms of renal insufficiency to a large extent, which give place to decided improvement and in some cases, almost complete health; therefore, all must contain more or less some active substance or principle, though perhaps some more than others.

At times the remedy becomes unnecessary, and it may be discontinued for a considerable interval, because a certain reserve accumulates, which, after the cessation of the specific therapy, is only gradually utilized and consumed by the organism. Again, in other cases, after discontinuing the administration of the remedy for sometime, we may have to return to it as signs of renal insufficiency always recur.

This is not to be wondered at, as our substitution therapy does not root up the soil, but only re-supplies some necessary products of metabolism. For this reason the medication must be persistently carried on from time to time, either in using the glandular extract, although it has no action on the actual working of the kidneys, against toxemic symptoms, or in injecting the renal vein serum which is more active and efficacious, especially in cases threatening life, when we have to get action quickly. The glandular maceration has various drawbacks, which depend unquestionably on the presence in the liquid absorbed of toxic substances, elaborated or condensed in the glandular cells, and which sterilization of the product of maceration, or its filtration under pressure might remove.

In conclusion, I will say, this branch of renal organo-therapy in whatever form it may be applied, is a therapeutic method that physicians will do well to use. It is firmly based on observation and experience, but it requires additional research, which should be conducted patiently and seriously and without sensational notoriety.

We all recognize the fact that in the past the medical profession has had to depend in large part on its own unaided and unendowed efforts, when it wished to advance medical knowledge. This self-sacrifice of the profession will probably keep on to point out the paths along which research should proceed to yield the most important results in the immediate future.

DISCUSSION.

Dr. Bolton:—I want to compliment the doctor on his paper. He is getting into therapeutics and that is the subject in which we are all in-

terested. We need therapeutics, whether it comes in the chemical line, the vegetable, or the animal. We want to know what these things are. I have learned something from the doctor's paper. There is no question but organo-therapy is in its infancy. There is no question but organo-therapy will be given a larger place in medicine. The efficacy of the thyroid gland is established. Even the surgeons will grant that point. Theoretical organo-therapy is based on a scientific platform. I believe the time is coming, and not very far distant, when we will have more of the organic extracts.

Dr. Kasey:—This paper interested me particularly because I happen to have a case of chronic Bright's Disease at this time. We are all aware that heretofore our treatment of chronic kidney troubles has not been as successful as we would like to have it. I have just begun the treatment of this case. There are all the symptoms of Bright's Disease; and, I have placed the patient on a treatment somewhat similar to what the doctor describes. I hope to get some good results; that I may have a favorable report to make to this society at some future meeting. This paper itself has fully repaid me for coming to the society.

Dr. Hayes:—I am not prepared to discuss this paper. I just want to express my unqualified appreciation of it. In regard to the percentage of cases where the doctor observed great benefit, they may no doubt be accounted for by the pathological condition. I notice he does not advocate the administration of ovarian substance on the theory that the ovary is not a secreting organ. I should like to know why it is that such profound changes occur in the system after the ovaries are removed.

Dr. Blasdel:—When the doctor spoke of the ovary, the thought occurred to me of the thyroid gland. We have the thyroid extract. The internal secretion of the ovary is explained by some pathologists.

Dr. Lutz:—Mr. President, Ladies and Gentlemen: The first speaker mentioned organo-therapy is still in its infancy. It is not still in its infancy, because Chinese physicians made use of it. I do not see where its infancy comes in. Antitoxine was first used in a children's clinic in more modern days. They used it carefully; and, they had results. When we had our first medical meeting, and I advocated the use of antitoxine, that they did not throw me down the hall was all. But the same gentlemen are using it now. That got me started along the line of organo-therapy. In the use of this serum, I want to tell you that it does not take very much. Sooner or later some of you will have a case of scarlet fever when complete anuria is there. You try to get that kidney to secrete and you cannot do it; and, life is almost ready to leave. The best thing to do is to get a goat—make an incision along the spinal column, go right in and get the kidney. You extract that blood. You collect the blood in a basin that is completely sterilized, run it through a strainer that is absolutely clean, inject that; and, you can chop my head off if you do not get results. When all the internal remedies fail, it is successful. Three years ago I as called out in the country six miles. I had nothing with me but a few drugs. I found the child as described. The only instrument I could find was a razor. Chloroform I did not have. The only thing was to tie the goat down and have the armers hold it. This we did. We got the blood; and, with a hypodermic

syringe, I injected it, serum and all. The child got well. Gentlemen, there is something in that. If you have a chance to use it, use it. I do not mean to say that this serum is for the purpose of bringing back life, or restoring the destroyed cells. But it is effective until your other remedies can get started, to get the skin to act, the bowels to act, etc. For its use in Bright's Disease, it is not a cure, it simply tides a patient over until he is able to get out and get fresh air and exercise, and so prolongs his life. It is a cheap method—a goat only costs about $3.00. They are always handy. Only remember that if that extract is used immediately after taking from the goat it raises the temperature from 102 to 104 degrees; while, if you let it stand three or four days, it will not do that. I am using it now on a case. As to your question about the ovary; I do not know anything about it. I only speak of the kidney. I simply mention that these extracts are used.

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Government Does not Guarantee Purity of Food.

Pennsylvania Medical Journal.

Warning has been given the public that the government does not guarantee the purity of food products sold by manufacturers. The guaranty which is used so extensively in advertisements is given by the manufacturer to the government and not by the government to the consumer. The serial number given by the department is simply a reference number and in no sense a guarantee. The acknowledgement from the department is worded as follows: "Your guarantee as to character of the materials manufactured and sold by you, given in accordance with Circular 21 of this office, has been received, found to be in proper form and is regularly filed. The serial number attached thereto is No.——"

Congenital Cataract.

Edward Stieren (Ophthal. Rec., May) reports out of a family numbering 78, 18 cases of congenital cataract. All the subjects died in infancy or wtihin a year after birth. Each married female in the family group, with one exception, had one or more blind male offspring. The transmission being always from mother to son (never from mother to daughter, and never from father to son or father to daughter), it is evident that the male progenitor could not transmit the stigma to his son, but could transmit the tendency to his daughter, in whom the degenerate physiologic units combined, to be visited upon the son.

SYMPTOMATOLOGY OF RENAL COLIC.

By DR. W. T. GROVE, Eureka, Kansas.

Upon solicitation of a member of your committee, I decided to read a paper on renal stone, renal colic, and more particularly its symptomatology.

It was during the summer months of 1905, in the Chicago Clinical school in a conversation with Dr. Weiner, one of the staff surgeons with whom I was conversing, talking of my experience with a three month's siege of renal colic. When I was through describing my case he urged me by all means to write it out and publish it as he considered it a very important aid in summing up the symptoms complex, duration and the final passing of the stone which was conclusive evidence of the correct diagnosis .

During the early fall of 1898 one Sunday afternoon less than an hour after dinner, while strolling over a cornfield near my farm-house adjoining town, I was siezed violently with a colic pain in the left side. It commenced in the region of the left kidney. I had symptoms of an acute desire to try to urinate, then a great desire to defoecate. I tried to do both and in the effort I became suddenly nauseated and vomited my whole dinner. The pain showed no desire to abate. I crippled along to the house in a half bent manner and had my sister-in-law apply hot applications. This would make the pain radiate. If the heat was put over the kidney it would radiate to the fellow testicle—by applying heat over the testicle it would radiate up the ureter and in the left lumbar region and when heat was applied to the side and lumbar region it would again descend to the testicle. Thus you could chase it in a cycle as it were, with the heat. The heat quieted the pain somewhat and it was then I called for a spoon and some sterile water. I prepared an eighth grain of morphine and injected it hypodermically. In an hour or so with the aid of this and heat it abated some, and after relieved to a bearable degree, I proceeded to visit a case of meningitis. Before I left the house I told the nurse my intense suffering and she injected ¼ grain of morphine. This was about three hours after the first injection. In half an hour I was almost quiet. I went home and remained in bed all night.

I got up as usual Monday and went to the office. I had to make

Read at the forty-first annual meeting of the Kansas State Medical Society, May, 1907, Kansas City, Kan.

a call in the buggy in town. Just as I made the effort to get in the buggy I was again violently seized. Hastily making the visit, I ordered the driver to take me to my office assistant's residence, my own family being away visiting. Her sister being a trained nurse, she proceeded under instructions to use heat and morphine. I passed a very restless and painful night at intervals. The next morning I got up and went to work as usual and was suddenly seized again with the same chain of symptoms. This was even more violent in character. The same therapeutic routine was repeated. Drops of sweat as large as a pea came out all over me and her father said I must have a physician. I told him I was doing all any one could to relieve the pain, and nature was trying to push it through. At any rate, Dr. Basham, then of Neal, and now of Wichita, was summoned. He was sixteen miles away, and having to wire, by the time he came I was easy and up. I turned over my patients to him to look after temporarily. By this time my family had arrived, having been summoned by wire. We went home and a very peaceful night was passed.

At eight o'clock next morning I was summoned to see another patient in town. I started. Just as I was putting on my vest I was seized apparently more violently than ever. I got down in bed and with the constant use of heat chasing that pain from the left lumbar region over the ureter and to the testicle, then back, etc., also being under ¼ grain doses of morphine, I suffered for nine hours wthout any apparent ease. When relief came it came as suddenly as it commenced. I was very weak, remaining in bed a day or two, suffering with intense backache and apparently no action scarcely from the kidneys. The first urine contained microscopic blood, urination was almost next to impossible. I made a slow but gradual return to normal.

In 1903 I had considerable swelling of the lower limbs, carried almost constantly a specific gravity of 1028 to 1030 or 1032, suffering a reduction of 60 per cent normal sufficiency, accompanied at intervals with violent sick headache. In May the following year during sleep about 2 a. m., I was aroused with a violent pain, at first like the left kidney was full. It kept growing worse until I had to resort to heat and morphine. This was about the middle of May, 1904, or nearly six years from the first attack. This attack did not last long, but in two or three days it renewed itself with energy and became violent. These attacks were of rather long intervals, lasting from 24 to 36 or 48 hours.

I decided to attend the American Medical Association in June

at Atlantic City. This was during the World's Fair year, and sleepers were in much demand. It was my luck to have upper berths and it seems that a car ride would precipitate an attack. The attack during the second siege would commence with an ache in the left kidney with a feeling of fullness gradually increasing until the colic character came on. I was seized on the sleeper between Kansas City and St. Louis about 3 a.m. I resorted to morphine and got considerable relief, but from this time on I felt constantly a pin-sticking pain or ache in the ureter which never left until the stone passed, only it would be apparently lower each time, showing that each attack was gradually pushing it through the ureter.

While at Altantic City I consulted Dr. Ochsner. He said I had a stone lodged in the ureter and to get some glycerine and take a table spoonful in a glass of water four or five times daily. I did, and with some apparent ease. The pollakiuria was getting worse all the while. I would begin now to have an aching sensation in the penis near the glands. After leaving Atlantic City I attended the dedication of the laboratories of the University of Pennsylvania. All the while having this sticking pain in the ureter. I kept pretty busy attending clinics, among whose was that of Dr. Hoffa of Berlin, demonstrating the three different operations for congenital dislocation of the hip; the bloodless in the very young, the cutting Op. of the bloodless failure and the cutting off the femur heads and tendons of the adductors longi in the grown subject, etc.

I went from there to my former home suffering all the while with this sticking pain. Returning via Baltimore I wished to visit the Hopkins, and it was there I had in the hotel all by myself one of the worst attacks of my life. I tried to get the hotel to summon medical help but they failed, and I was at the mercy of the hypodermic and drank ice water. My room was near the kitchen apparently, as I could smell the gases, and this together with the absorption of urea, morphine, etc., caused nausea and made things move for 24 hours. I was violent from 12 midnight until 3 or 4 in the following morning, finally falling to sleep simply worn out, waking at 7 or 8 next a. m.

I consulted Dr. Hugh H. Young. It seems we all agreed as to the nature. He urged an operation, to make an extra-peritoneal section, but before doing it he sent me to the X-ray specialist. He made two exposures, one over the kidney and one over the ureter, showing negative results. Dr. Young urged me to be operated upon any way, after exploring the bladder with electric light, pronouncing both ureters functionating and no stone in the bladder.

Owing to my having an insurance position to fill I felt I could hardly spare the time to lay up for operation. As I had made almost daily microscopic examination of urine to watch for pus, this also gave me courage with the advice of a friend to wait. I returned home and for thirty days or more I was free from colic and was apparently free from pain aside from the sticking sensation of an apparent stone in the ureter.

I started for a rest and to attend the Academy of Ophthalmology and Oto-Laryngology which met in Denver. I got as far as Wichita and I had an inkling I was in for another siege, and was then lamenting I had passed up the operation. Dr. Basham examined me before I ate lunch and it seemed we were all of one accord as to what was the trouble. At 5 p. m. I proceeded on my journey. I took care to secure a sleeper for the night as I had found it necessary to take opiates, and as they dried up the secretions I had learned by experience and a suggestion from a Philadelphia confrere to inject all the water and as hot as I could bear up the colon, thereby rendering heat near the ureter inside. I also found this procedure answered another good purpose, viz., after you were under the opiate you could retain more water, the reflexes being somewhat deadened. After the pain subsided you could urinate quite freely from the diuretic effect of the colonic flushing. If I passed it out, it served no ill purpose as I would repeat until it did stick.

I had another attack while in Denver and it seemed a car ride would precipitate an attack coming on either during the ride or during the night following.

I took at intervals diuretics of all kinds, but I think the fluid extract of buchu rendered the most efficient good of anything. I drank freely. I kept having the attacks until Sept. 21st, making about a four months seige. I was conscious when the stone fell into the bladder. The ureteral pain subsided. After the stone descended from two to three inches of the bladder the feeling that the stone was in the urethra about one and one half inches from meatus was a constant symptom. After it was in the bladder the desire to void urine was great I being able to hold only from one to two ounces until I would have to void. About four days later I used a glass as was my custom, to watch for this stone in urinating, as I never knew whether I ever passed the first or not. I was called to go hurriedly to an obstetric case and I voided, and just as I had got rightly started I was seized suddenly with a pain as if something like a stone was passing out my rectum and later it appeared in the

urethra. As I was in a hurry and believing the stone had actually passed, I sounded the urethra with a small probe, locating it back of meatus urinarius less than one inch. I delivered it with an ear spoon. I assure you this was a happy moment to me.

The bladder irritability continued up until the following July. The quietude in sitting to hear lectures and work in the Chicago Eye, Ear, Nose and Throat College for three or four weeks seemed to quiet this trouble.

The stone was just like a sand bur and about the size of one. It was not round, but of kidney shape. The little concretions sprang out from the stone proper and were sharp. It was the peculiar shape which made the siege so long, and I think this stone was lodged in the ureter from the first attack four months prior, and when it got in a certain position it would lock the ureter and cause hudronephosis and the colic would be a necessary evil which always appeared. After each attack there would be slight albumen in urine and microscope showed blood cells, many red and very few white ones.

The kidney functionated all the time except during the colic seizures, but I could always get more relief after the attack by wearing a hot water bottle in front and behind the kidney even when up about my work. This doubtless caused the ureter to relax and expand around the stone. I am of the opinion that the ureter was chronically dilated from the stone to the kidney.

I think some of the reflex symptoms such as pollakiuria, were made worse during intervals of quietude from colic, from a chronic colitis which had existed from an attack of probably typhoid in '91, also complicated by a fissure in ano, which would have been operated upon had not an interne overlooked the matter, during the same anaesthetic when Dr. Senn operated on a metacarpal for what he called tubercular osteomyelitis. Also they were reflexly aggravated by a varicocele.

I thank you. This chain of symptomatology and history might be of some aid in the diagnosing of renal stone and colic.

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Absorption of Corneal Opacities.

Pick (Centralbl. fur. Augenheilk., No. 6, 1907) recommends a 1 per cent solution of ammonium chloride for clearing up corneal opacities when all other remedies, including dionin, have failed to have the desired effect. The method is contra indicated in recent opacities.

MEDICINE AS SHE IS TAUGHT.

By O. P. DAVIS, M. D., Topeka, Kansas.

Medical education has undergone radical changes within recent years. Methods of teaching have been revolutionized. Schools which were formerly independent and exclusively medical have been merged together and fused into federations of units known as "universities." The tendency seems to be to integrate and unify all departments of education into one body with one head. This is supported by authority, for the Germans do these things and any procedure that has the sanction of the Germans cannot be otherwise than the proper thing.

The university, we are told, by centralizing educational methods and concentrating and focalizing resources, can bring forth more thorough and effective work than can be accomplished by several isolated, more or less competitive, and often impecunious schools acting independently. This same argument is being used today in the world of trade in justification of the manufacturing trust or the great department store, viz., that by giving the administrative control to a common head and by commanding the sources of supply with greater formidableness, the output can be improved and its cost reduced to the minimum. But however plausible this argument may appear in theory, it is found specious in application, and much that it promises of superiority and cheapness is never realized in fact. And likewise in the sphere of education the great trusts known as universities, though prolific of promises of advantage, are failing signally at many vital points. The rule of evolution is differentiation and specialization, and the greater the degree of differentiation and the more complete the specialization, the more distinct does the separation of the part become from the whole. The university contradicts by its plan this great law. It presumes to gather up schools of professional and technical learning hitherto distinct and specialized, and to fuse them into a composite and conglomerate whole. In an attempt to modernize it adopts a plan of action that is archaic and primitive. For the federation of schools in a university fashion is a relic of the earliest times when it was necessary from the exigencies of life and civilization for this grouping to obtain and for the aggregation even to be walled in against

Read at the forty-first annual meeting of the Kansas State Medical Society, May, 1907, Kansas City, Kan.

external encroachments. This defensive community of interest as well as the necessity for an easy interchange of the very restricted facilities for instruction afforded a potent justification of the university. But such necessity no longer exists for the retention of technical and professional departments of learning within the confines of academic culture. Schools for general education should have their own preserves, be presided over by those who have special knowledge of their needs, and be content with furnishing well fitted recruits to the special schools beyond their limits. The latter will be all the better for the isolation, and the freedom from the diversions and distractions that so dilute the thoughts of academic grades of students. And they will be all the better for being administered by a management exclusively their own, which can see an urgent need in the clear light of personal knowledge and not through the smoked glass of other needs seemingly more pressing.

I am aware that there may be few who will admit the force of this view, for the university idea is now astride the public mind and is making a loud noise in the public ear. But the galled jade already winces and some day I predict she will cast her load in the ditch where in its exaggerated form it belongs.

A great deal is being said about the benefits that medical education has derived from this absorption of its schools by universities. But many of these alleged benefits are at least questionable. One disadvantage that has most certainly accrued is that medical education is now almost completely presided over and administered by non-medical men. And it is to this fact that much of the distortion and loss of balance in the modern medical curriculum is due. If the prevailing fashion and fad in general education be observed, whether in the grades, high school or college it will be found in the shape of a pedagogic craze for the so called "analytic" method. At the very threshold of the primary school etymology and syntax are taught "inductively;" that is, without chart or compass the child is compelled to laboriously find his bearings and work out a system backwards from effect to cause, whereby to use and understand so common a thing as language. And he is expected to do this at an age when his powers of analysis and induction are not ready for development. In like manner this method is applied to all the fundamental branches, in face of the psychological fact that the mind of the child as well as the mind of the race learns by rote long before it can learn by reason. Faculties of acute observation may be cultivated early in life but the faculties of correlating observations

and interpreting sequences are much later acquisitions of the mind.

As might be expected the exponents of the university idea, when they succeeded in incorporating the medical schools into their educational composite impressed on the medical departments which they came to dominate, this absurd hobby. The medical school came to be a collection of laboratories. Everything had to be studied by the laboratory method with a minimum of theory and of didactic instruction. The laboratory method was even applied to the clinics. The patient became the interesting vehicle of some laboratory experiment and was utilized as such without any proper realization of his essential status as a human being. Such was the effect of this sweeping innovation. And these effects are still in force. The lecture system has become well nigh obsolete. The lines of force that used to emanate from the medical teacher and determined the mental polarity of the student are now discredited as mythical The laboratory professor and his corps of assistants, often non-medical, all of them, now preside over the student aggregation The laboratory is the shrine at which the embryo medical mind must pay its devotions. The medical teacher of today, as has already been intimated, is too often a non-medical man. Scientists skilled in the one line over which they preside in the university system, are detailed to impart to the medical student that quota of their subject which the curriculum prescribes. And these men in their various departments dominated by an overweening sense of the importance of their several subjects, are allowed to shape and mould the general trend of medical education. Each tries to outdo his colleague in the number of hours exacted of the student in his particular laboratory. "And combined, they form an oligarchy to which those who would protest against these methods have hitherto been compelled to submit."

The result of such a course is making itself apparent among the newer generation of medical men. Physicians of the new school, as has been pointed out by an eminent essayist, are depending more and more upon technical procedures worked out for them in the laboratory, instead of studying their cases clinically and using their own logical and reasoning faculties to arrive at a sound and unbiased conclusion of their own. They fly to the laboratory for a solution of every problem presented in their practice, thus becoming dependent, neglectful, distrustful of their own observations and undervaluing clinical data. The impression seems to be prevalent "that unless they rest on laboratory confirmation all diagnosis is doubtful, all prognosis uncertain and all therapeutics unscientific."

It is not the purpose of this paper to oppose laboratory methods and research work in their proper place and office, but to insist that these methods should supplement and succeed knowledge otherwise obtained. It is not proper to initiate a student into the mysteries of physiology by a series of vivisections. Nor should pathology be introduced by an exhibit of microscopic sections. Chemistry should be studied from a book, and discussed with the teacher long before the pupil goes into the laboratory. Repetition of trite experiments for the demonstration of accepted and well established truths is waste of time. To put the student into the laboratory at the beginning of his course instead of toward the end of it, is, in my opinion, contrary to the true philosophy of education. He should first know much of the accepted and established doctrines of the science as obtained from lucid texts and from didactic lectures illustrated by proper demonstrations. Then, when corrollary experiments are later employed, the work of the laboratory will have a true and corroborative value which it would otherwise lack. Investigation and research must be expected as effects and not as conditions of education. A student can engage in laboratory or research work profitably to himself only after he has been, in a measure, educated for that work. He who thinks education is the discovery of new facts or the rediscovery of old ones does not have a proper conception of the term. Education, in medicine, as in general, consists, not in the acquisition of facts and data of information, but in the training of the mind to assimilate, weigh and apply the truth; in the development of the faculties of thinking, reasoning, and forming sound and unbiased conclusions on any subject under consideration.

Not only has the laboratory idea been carried too far by the exponents of the university idea, but the hospital and dispensary features have been carried to an extreme that is hardly justifiable. Ill advised measures are resorted to to procure "clinical material." Every inducement is offered to the public to pauperize themselves by taking "free treatment" at the dispensary or hospital. A financial consideration is sometimes offered through the press for "interesting cases" at the clinic, and many ingenious methods have been devised for trapping this kind of game. It is not enough that some of the great professors should give free lectures at the medical colleges in order to enlarge their consulting practice, but they must vie with one another in shooting through the chutes at the hospital and dispensary a lot of so-called "cases" in order to get for themselves and their schools eclat. Far be it from my

purpose to disparage clinical instruction. It is essential; but the estimation of its value is not to be based on the quantity of ill-assorted material exhibited. Too much of the hospital and too much of the dispensary leads the student to dissociate disease from humanity and to fix his mind upon abstract morbidity. He sees only disease and not the diseased person. He is overwhelmed and bewildered by the multitude of cases, not patients, that are made rapidly to pass before his eyes.

To accomplish this feat, to furnish this kind of a moving picture show, it is of course necessary that the great medical school should be in a large city. Any little provincial town might furnish a single illustrative case of almost every ordinary disease at least once in a year. But only a city as large as the combined cities at the mouth of the Kaw can furnish the illustrative cases in car load lots, and to such a city shall be the acclaim. A man who kills but one hog a day is only a butcher and his lot is an humble one; but the man who kills 5,000 hogs a day is an aristocrat and moves in the highest society. To what extremities some schools have been driven by this mania for clinical material I need only leave you to imagine. our own state (Kansas) is unfortunate in having no very large city within her borders and only a limited number of gifted teachers, few indeed who have in their mental gizzards the precious pebbles of real knowledge and culture picked up abroad. But she is fortunate in having a city near at hand which bears her name and which is replete with the material and mentality that she lacks, so what matters it if it is fattened on soil that was ever hostile to our domestic interests and harbored a gang of marauders to murder our pioneer fathers and to sack, plunder and burn our early villages, even the ancient seat of our Rock Chalk school. And by way of compensation for ancestral wrongs it is perhaps fitting that the youthful offspring of persecuted sires should take their medicne at the hands of those who once afflicted them.

But however much might be said in justification of a program that drove a proud state to bow down to an imported ideal and a humiliating treaty with hereditary political foes in the name of medical education, there are many who will not agree to the last premise, viz., that a large center of population is essential to a good medical training. There is much that might be said for the small school in the provinces with its less crowded classes, its closer contacts with teachers, its freedom from distractions, its less numerous but more leisurely considered clinics. Perhaps the student will see only an occasional laparotomy. It were enough! For all

laparotomies look alike to the student on the perch. Perhaps he will have to listen to obscure men; men of mediocre talent and opportunities; men who have never basked in the blessed rays of European culture. Yet he may be assured that great qualities of head and heart are not incompatible with obscurity, and that many who are conspicuous for the hour are so by virtue of the little dust of self-praise which they succeed in kicking up about their names.

DISCUSSION

Dr. Sudler:—I have listened to the paper on medical education; and, having been interested in that subject for some time, there are certain points which I would like to take up. With reference to the laboratory method, the essayist seems to think that the laboratory method has been overdone. It is well to remember that all of our advance in the last ten years in medicine has been due absolutely to laboratory methods. The advance in the treatment of diphtheria alone, has demonstrated the worth of the laboratory, and its importance. Unless I am incorrectly informed, the writer of this particular paper, a few years ago, advocated that each physician have his own laboratory in his own office. Again, about separate schools: It is not that the school gains by being connected with a larger institution in so many ways, but principally financially. It needs financial support. The teaching of medicine is an expensive thing. Harvard Medical Department would be just as good a school if it were indpendent; but the additional power which it receives from financial backing and endowment is what increases its force.

Dr. Hertzler:—I scarcely know which part of the paper the essayist intends that we take seriously. In the beginning he sets up the German schools as ideal; and, in the end, he ridicules them. The chief advantage in the German University is the money, as Dr. Sudler says. Personally, I have taught medicine all the way from Freshman to Senior, and I think I may speak with authority. There is nothing interests the student so much as laboratory work. The amount of didactic work can be reduced to the minimum, but the laboratory work is of vast importance. As to the value of large clinics, that depends upon the extent to which one applies the term. Even in a city of this size, it is difficult, almost impossible, to furnish the students the clinical material which they should have Most of the people are disposed to fight the publicity which the clinic brings, so it is absolutely impossible to bring the pupil into touch with many of these cases.

Dr. Halderman:—I cannot understand why the gentleman should attack the present system of university education and laboratory methods and everything else for the advancement of scientific medicine, simply to win a point against the medical department of the University of Kansas.

Dr. Hamilton:—I have listened to this paper. Every time that I get up to speak it seems that I have to oppose. I cannot but speak upon it differently from the gentleman who wrote the paper. I think the University idea is the main thing which has brought about the impulse to

higher education in medical colleges. If you look back and see the time when medical colleges were separate, you will recognize this fact, I am sure. I have seen the time a few years ago when men were graduated from the medical colleges who had never seen an English grammar. It is only now, when they are connected with the University, that these things are demanded. If it were not for that, we would have a great many ignorant physicians; and, an ignorant physician is a dangerous thing. As to the laboratory method: Even if he be shown by the laboratory method before he knows anything of the subject, if he has had no lectures, he sees the thing as it is. That he will not forget. When he hears of it in the didactic lectures, or sees it in reality in the clinics, he knows what he is seeing—he has the picture of it.

Dr. Kasey:—I am not going to say how medicine is taught or ought to be taught. If we were to take as our criterion the article that recently appeared in many of the secular papers as a quotation from the proceedings of the council on medical education of the A. M. A.. it would seem that there are very few of us who know anything about it. I wish to read the first paragraph of it: "There are on an average 4,000 doctors graduated every year by the medical colleges of the country and about three fourths of these are utterly incompetent and should never be permitted to practice medicine. The average medical college is lacking in proper equipment, the instructors are wanting in the necessary ability for their task, and their examination methods are useless." It seems to me that things should not appear in the secular press. It gives the laity the wrong impression of medical colleges and medical men. It is not a very good way of educating the laity. It is all right that such things should appear in the medical press, but I do not think that they do the physicians as a class any good to appear in the daily press.

Dr. Johnson:—It seems to me that the medical profession would be elevated greatly by cutting out about three out of four of the little medical schools situated in the state. We have at the present time two or three in Kansas. We had several in Dallas. They started with one in Texas, and now have seven, I think. I was connected with one for three years' time; and, in all the three years lectured, I think we never turned out a student that had any business to practice medicine. They are cutting it down now. The profession is getting into a place where they can do a little teaching. Heretofore it has been done with an idea of glory. Now, I do not say that they are all organized for this reason. One school is started with a noble purpose of education; then another starts; one or the other or both get jealous and they work against one another in competition. I believe that there should not be more than one school allowed in each state. That should be on a University basis; and, the lecturers should be remunerated. They cannot afford to do otherwise. Frequently it occurs that a doctor cannot afford to leave his practice; the students cool their heels at the desks; and, their time is wasted. Every man should receive something for the work that he does here. The school should be endowed; the professors or instructors salaried; and do away with a lot of these dinky little medical schools that have no laboratories and cannot teach.

Dr. Shaw:—I cannot agree with the gentleman who has just left the floor. It seems to me that if I had taught in a medical school three or four

years and had not turned out a single man who was competent to practice medicine, I should have resigned my position. The trouble does not all lie in the medical schools; it lies largely in the men. Abraham Lincoln could maul rails and yet be president of these United States. It has been said that you may give a man a good education; and, he may have plenty of experience; and yet, he cannot teach school. A man may be a graduate of some of our great universities in medicine and yet lack the essential principles of a good practitioner; and a good practitioner is what we should all like to be. I am in favor of every advance along our lines that would bring out better work, and produce better men. I am in favor of University education; but, Gentlemen, I would rather see one single case as it came to a clinic, see it every day, watch it from the start to the finish, understand it thoroughly; than to have patients pass before me in great numbers and not be able to know what pathological condition exists in any. I was in a New York medical school for three weeks for clinical work. They had too many clinics. You cannot get to it and have thorough examination in any case. There are some points of advantage which the small school has over a large school. Your didactic work can be just as good in a small school. Your clinical work is not apt to be as good; your pathological work is not as good. That is where the financial backing of a large school has the advantage. But, as a rule, in a small school the students can get into touch with the teachers, which is a decided advantage to the small school. I am an old teacher myself in the public school and I know what teaching is. It takes training to be a teacher. Every clod-hopper that comes into a medical school cannot be a teacher. Teachers are born, not made. Just a few years ago, one of our men was going through our college in Manhattan. He was trying to illustrate mechanics. A man who was in the blacksmithing department asked what was cas iron and what was steel. What business did he have in the blacksmithing department? Some one asked his value—what was he worth to the school? The reply was made that he was one of the finest musicians that the school contained. Let him study music.

Dr. Light:—I wish I were gifted with the flow of oratory that some of you people have. We must use common sense. This is a common sense queston; and we must so consider it. Now, I graduated once upon a time and I do not know whether I was fit to be graduated or not. I do know that if I had not been endowed with an industrious mind, I should not have been ready yet. I have known many men who were not fit to practice. They ought not to be allowed to do it; but they are doing it today. We ought to recognize the work the American Medical Association is doing to cut down the number of schools. We also ought to cut down the graduates. The idea that we can turn out all these men and have them make a success in practice is ridiculous. We ought to have more strictness in this thing. When a man graduates he should be more broadly educated than he is.

Dr. Walker:—I did not hear all this paper; but from the discussion, I can judge very well. Now, I have not any fuss with the University school, but I do not want to condemn the other form. I had the University training and in the Kansas State School, and I am not going to "knock" on the school. I helped organize the first anatomy class that was ever organized in the University of Kansas. We petitioned the faculty to let us

have a cadaver. Two or three of the members of the faculty thought that we ought to be suspended because we had the temerity to ask for a human subject. They thought we should have been content with dogs and cats. I have also had experience in teaching in the other form of school; and, I want to say that I do not believe that it is best for either to condemn the other. I believe that we lose some things in the University schools that we have in the other schools. I do not believe that we have men teaching medicine to-day such as Gross and Flynt. Of course, we have large clinics which are carried on by surgeons of ability; but the main teaching of medicine is left to the newly graduated. I believe that the contact of the medical student with his professor of large experience in practice amounts to a great deal. You take the smaller schools and let each student have a personal acquaintance with his teacher; and not only that, but he comes in contact with him in his office practice; and he gets an inspiration that cannot be gotten in the larger school. I am glad to see the increase in the preliminary education. I would not like to say that in my teaching I never saw one who was fit to graduate, but we had many. I know, however, that we had lots and lots of men who were always changing schools; and when they were admitted into another school, they were admitted into an advanced class. I do not believe that it is the province of either school to condemn the other. I think that there is room for both of them. There are too many medical colleges, perhaps, but they are very rapidly being eliminated. It is not so much the quantity that is objectionable, however, as the quality. I repeat: I do not believe it is a good thing on the part of either to condemn the other.

Dr. Bolton:—I agree to a l rge extent with the last speaker on the floor. There are two sides to this question. You have had both sides presented to you to some extent. Now, if a University man is a man who wants to be unreasonable and unfair, he will talk University, University, University; and the man on the other side will do the other thing. There are good points to each, however. In the University plan, the man is absolutely free. He is not depending on the tuition from the students personally, and he can devote more time to his students if he will. The University also has a fund for its support. Fortunately or unfortunately, I happen to be a graduate of a small school; and I want to say that the points brought out in its favor are good. There is no one but who will admit that a class of 25 can do better than a class of 500 If we were to limit our medical colleges to the University, all men would have to go to the University who are seeking a medical education. What is the result? You have a class of five, six, seven hundred or one thousand students. I believe that doctors are born as well as teachers, and just as the gentleman says, one need not think because a man has mauled rails, or comes from the farm, he will not make a good doctor. A man does not have to have a college education to make a good physician. If it is not in the man, you cannot get it out of him. I want to give you an illustration: You have many of you heard Dr. Wyman of St. Joseph talk; and you know that he is an extremely brilliant man—a wonderful man from a teacher's standpoint, but he could not practice medicine. He tried, and failed. That brings out the point that some men will make good teachers but they will not make good practitioners. I do not believe that it is right, reasonable, or

fair that we should cut out the small colleges. There are some schools who send out people to plug for them. They do such things as this. Such schools should be cut out. I do not think when they do things like this that they should be allowed to exist—they should be cut out

A motion was placed before the house for the closing of discussion, which carried.

Dr. Davis:—I feel better. The paper or whatever there was that belonged to the paper has called out a fine discussion. I notice that papers rarely happen to be given the distinction of having their discussions cut off by a vote. I have a few words to say in closing. I am very sorry that I should have been misunderstood and be made to stand for something that I would rather not stand for. I am not against research in medicine. I am not against the laboratory in medicine. I am not against the university. I am proud to state that I am an alumnus of the Kansas University. What I said that had any reference to the University was largely in a jocular manner. At the same time, I do insist that the laboratory method in teaching has been carried to an extreme that is not justified by the results obtained. At one time, medicine was taught by the preceptor almost exclusively. Medicine was learned as an art from the hands of an eminent preceptor—by his individual instruction, by his personal contact with the pupil, by leading him by the hand, so to speak. And who will say that there were not many distinguished disciples of the art in those days? And then the laboratory entered into medicine. Those who had practiced and studied medicine as an art, began to study it as a science. From this beginning, the excess in the laboratory method has come about. Research work and medical teaching are not necessarily intimately connected. The research man is not necessarily a good teacher. In fact, he is quite the opposite, as a rule. We want to educate our men for the practice of medicine and they should be taught to develop their reasoning powers, their deductive powers; and I hold that the educational value of the laboratory is not what it ought to be It should be a sequel to medical teaching and not an instrument to medical teaching. Referring to Dr. Sudler's remark relative to my use of a laboratory: I did once read a paper advocating the use of the laboratory for the general practitioner. I use laboratory myself; but, that does not contradict the sayings of my paper.

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Blindness from an Immense Dose of Quinine.

Dr. H. W. Woodruff (Chicago Ophthal. Soc., March 11th) exhibited a patient who thirteen months ago had been given 915 grains of quinine in four days. Total blindness of sudden onset lasted four days, then vision returned gradually, and is now 20-60 and 20-40, although there is a marked atrophy of the nerve heads, with typical concentric contraction of the fields.

ABORTION.

By H. H. BROOKHART, M. D., Scammon, Kansas.

Abortion, the premature casting off of the products of conception before the end of th fourth month, as generally given, but practically, we might as well make it the sixth.

In taking up this subjct I am aware it is one of the most, if not the most, vexing questions we have to deal with. Therefore it behooves us to be well prepared to meet it. But, before speaking of causes and treatment, it will be necessary to grossly consider the anatomy and physiology of the uterus and ovule. The uterus is the most extraordinary part of the female economy. It normally has three distinct products. From birth to puberty, it is undeveloped and unimportant. From puberty to menepaus, about the age of fifty, it is very active, and has a marked influence on the whole being of the woman. From that age on, it sinks into insignificance. During its active stage it is the normal lodging place of the impregnated ova. When this impregnated ovum becomes fixed within this active uterus we have conception, and instantaneously a communication is set up through the nervous system, and the whole economy of the woman begins to change. After conception takes place the mucous membrane of the uterus becomes thickened, forming the decidua vera, and at the point of attachment of ova the membrane goes on growing until it completely envelopes the ovum, and is here known as the decidua reflexa. In a little while the allantois is developed, and from the foetal body two distinct membranes are formed, the amnion and chorion. The chorion attaches itself to the uterus by little rootlets, which extend into the uterine gland. The amnion is only a membrane which secretes the liquid amni. The foetal ball is now everywhere attached to the uterine wall, and receives its nutrition by endosmosis from the mother's blood, and is nourished in this way until the end of the second month when the placenta begins to form. Then the chorion loses its tufts, except at one point, where it becomes excessively vascular and increases its thickness, and here with the thickened decidua forms the placenta. Up until two and one half months there is no placenta, as far as abortion is concerned, but from this time on it is the all-important.

Read at the forty-first annual meeting of the Kansas State Medical Society, May, 1907, Kansas City, Kan.

The causes of abortion are many. Maternal causes are nervous disorders, reflex influences and drugs. Some women are so nervous that any sudden fright will cause them to abort. Not more than a few months ago, I treated a lady, Mrs. R—, who after a fright aborted, and under the placenta was a blood clot which acted as an irritant causing contraction and expulsion of uterine contents. This clot was undoubtedly formed at time of fright, as she felt the contraction of the uterus at that time. Chorea and tetanus are frequent causes. Appendicitis is a much more common cause than given credit for. I have treated two patients, one has aborted twice, and the other three times within a year, and I have been unable to find a cause other than a chronic catharal appendictis. The abuses of drugs, such as ergot, cotton root, tansey, pennyroyal, and others, will in some produce abortion, while many a woman could take as much as a toxic dose of these without any effect in emptying the uterus. The toxemia of kidney insufficiency, also the toxemia of poisonous gases, chief among them carbonic acid gas, and high temperatures during the different fevers, are common causes. Local causes include all acute and chronic pelvic disorders, as retro-displacement, metritis, endo-metritis, salpingitis, tumors and malignant diseases. Tramatisms, as a blow, fall, and jumping, as from a high buggy, etc., are frequent causes.

The causes within the ovum are any that may cause its death, as syphilis, low position of the placenta, tortion of the cord, etc.

PRODUCED ABORTION:—In this country the criminally produced, whether it be by the criminal abortionee, or the woman herself having in a crude way been taught the use of a sound, whether it be a hat pin or baling wire, has become appalling. I had the experience of treating a case some two years ago in which a baling wire had been used unsuccessfully, but she had succeeded in punching several holes in the uterus, causing the death of the oetus, which had partly mascerated when first seen; yet the uterus refused to expel its contents,. So we see the extreme damage that may be done, and yet abortion not be produced.

When is a physician justified in producing abortion, or is it his duty to do so? I think it most certainly is his duty, under certain conditions. When the life or intellect of the woman is in serious danger, as in uncontrollable vomiting, for it is a fact that a great many women die each year from this cause. In a great many cases pueripial nephritis is absolutely criminal not to empty the uterus. In grave cases of cardiac disease, it is very dangerous to let a woman proceed far into gestation. In rare cases of chorea and when

the pelvic diameters are so very contracted as to make delivery at full term impossible. In placenta previa, recognized early, I think it is the best thing to do, for the per cent of children saved is so small, and a mother's loss so great, it is not worth the risk to let her proceed with gestation, unless it be under the best of hospital advantages. The per cent of abortions to labor at full term is hard to determine. In my experience it has been about one to three and one-half. When the accident of abortion occurs one of several things may occur. In the early stages the embryo intact may be expelled, the decidua vera, and reflexa, the amnion and chorion, and foetus, or the foetus, amnion and chorion, the decidua being left. This is when we are liable to err, especially if this had happened before our arrival, and we are informed that all had passed. Take no one's word for it, and treat her with doubt, or after the formation of the placenta, we may have it adhered partially or in whole, the foetus being expelled.

TREATMENT:—To thoroughly empty the uterus, how best to do this? It varies in different cases. In a very small per cent of cases the entire contents are expelled by the contractions of the uterus, and requires no special treatment, except it be in a very nervous patient, where the pains are very irritating and accomplishing little, and hemorrage is profuse, when a hyperdermic of morphine and a tampon serves us well. After the foetus has passed and the decidua or placenta, as the case may be, does not pass within a few hours, the wise thing to do is to use a curett, using a spiral or dull wire curett. If this cannot be accomplished without an anasthetic, I find an ideal in Abbott's Alkaloidal Hyescine Compound.

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The Prevention of Blindness.

Lucien Howe (J. A. M. A) makes a plea for new methods in the prevention of blindness. He shows that ophthalmia of infants is the most important cause of blindness; and how much it costs the state of New York and the United States to care for these unfortunates. He urges obstetricians to experiment with various compounds of silver in large series of cases at large hospitals, to decide the best prophylactic drug.

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The cessation of severe pain during the course of acute appendicitis often means perforation.—American Journal of Surgery

Good Work.

Illinois Medical Journal.

The Council of the Chicago Medical Society, at its regular meeting in June, endorsed the work of the Public Health Defense League, the national headquarters of which are in the Unity Charity Building at New York City.

The league has four directors, some of the most prominent business and professional men in the country.

Its objects are as follows:

1. To combat all forms of quackery and charlatanism.
2. To prevent food adulteration and drug substitution.
3. To prevent the sale of narcotics and alcohol disguised as patent medicine.
4. To prevent the circulation of indecent medical advertisements.
5. To advocate the establishment of a National Department of Health.
6. To carry on an educational campaign for the spreading of accurate knowledge concerning the public health and inculcating of higher health ideals.
7. To protect the public health by assisting the constituted authorities in the enforcement of existing laws and by urging the enactment of uniform legislation in all of the states on matters relating thereto.
8. To co-operate with other societies interested in any public health problem, and ultimately to effect a plan of union or co-operation of all organizations interested in the public health.

Ophthalmia Neonatorum.

Herf (Munch. med. Woch., No. 20, 1906) recommends "Sophol" as a prophylactic in ophthalmia neonatorum, claiming it to be equal to silver nitrate and protargol, and less irritating than either. From 5 per cent to 10 per cent solutions are used.

Everything is to be gained and nothing to be lost by having patients remove enough of their clothing to allow of a completely satisfactory examination in all cases. Instances can be called to mind by any physician of erroneous judgments arrived at before exposure of other parts of the body showed conditions altering one's opinion. Especially is it important to compare the corresponding members of the body on the sound and the affected side in all doubtful cases.—American Journal of Surgery.

THE JOURNAL OF THE KANSAS MEDICAL SOCIETY.

Entered at the Postoffice at Columbus Kansas, as Second Class Matter.

CHAS. S. HUFFMAN, ... EDITOR

J. E. SAWTELL, } ASSOCIATE EDITORS
GEO. H. HOXIE, }

Subscription rates: $2.00 per year; 20c single copy. Advertising rates furnished promptly on application.

Seventeenth Annual Meeting of the Association of American Medical Colleges. This meeting of the association, which has been most influential in raising and standardizing the curricula of the medical colleges of the United States, was notable because it was attended by delegates from the stronger Eastern schools which ordinarily hold aloof from its discussions. Dr. Lindsay of Topeka, and Prof. McClung of Lawrence, were the two Kansans in attendance. The association decided to give no time credit to holders of a bachelor's degree, but it permits medical schools to grant subject credit on satisfactory examination. In all cases four years of actual residence at the medical college must be required. Each medical college in good membership must hereafter print in every annual catalogue a table of the total number of hours work given at the college, arranged both by subjects and years. We fail to find this provision met by the Kansas Medical College, the University Medical College of Kansas; but it has been met by the Clinical Department of the University of Kansas in its recent announcement. In this connection we cannot forbear mentioning the laughable array of work and clinical facilities paraded by the University Medical College of Kansas City. It names every hospital in the city—whereas as a matter of fact it has no regular clinics in any except its own and the city hospital. But to resume, the Association dropped from membership the College of Physicians and Surgeons of Boston. The College of Physicians and Surgeons of St. Louis withdrew under fire. The State College of Physicians and Surgeons of Indianapolis (University of Indiana), Vanderbilt University of Nashville, Cooper College of San Francisco were elected to membership. The application of the Ensworth Central Medical College of St. Joseph, Mo., was rejected because of its failure to do high grade work in the first two years. In the election of officers, Kansas was honored by the election of Dr. Hoxie of our State University, as one of the vice presidents.

An Unfortunate Condition. The welfare of the profession of medi-

cine in Kansas depends more on the Board of Medical Examination and Registration, than upon the Board of Health, or any other one political factor. The last legislature gave the Board of Health $2,500 a year for a permanent secretary, while the Board of Examination has nothing. In order to get their work done, the members of the latter Board take terms in acting as secretary. This of course is very disadvantageous because just about the time a member learns his duties as secretary, some one else is elected. In this respect then the work of the Board is seriously crippled. It has no permanent office. A tremendous scandal arose at the last examination because the question papers were stolen from the state printer and peddled out among the candidates. Hence, because of the alleged laxity of its methods the Missouri Board has broken off reciprocity relations with Kansas. Thus both at home and abroad our licensing affairs are in disrepute. One of two things should be done: Either we should abolish the Board of Examination and give its work to the Board of Health, or we should put the Board in position to employ a competent secretary to do its work. Governor Hoch advocated the former two years ago; but his political friends believed the move a bad one and he dropped it. It is now up to the Kansas Medical Society to do something. The timidity shown by our committee on legislation is only equalled by its failure to develop some definite plans for bettering the status of physicians in Kansas. We hope the present committee will use a little more energy in ascertaining what should be done and then in uniting our forces to support its plans. This means self sacrifice —but if our committeemen are not willing to sacrifice some time and money, then they should resign. The Kansas Medical Society is no longer a mutual admiration society of a few men well fixed and comfortable, but an organization of the rank and file to better the condition of things medical through out our borders. G. H. H.

Much is being said and written relative to the advertising that physicians get in newspapers by having reports of operations and cases written up. In many instances where a newspaper publishes an article, descriptive of an operation or a case, the doctor mentioned may have had no knowledge before hand that it would be printed; but the enterprising reporter, in his zeal to get news for his paper, will eagerly send in news of this kind to his paper. In some places, we know that reporters make daily or weekly visits to the doctors' offices in search of news of this kind, and often the

printed news of this character is obtained from the friends and relatives of the patient.

The Journal receives many newspaper clippings, of which the following is a sample:

"Miss C. A. had her tonsils amputated by Dr B. Tuesday. The doctor did the job quickly and almost without pain."

The physician who sent the above clipping, wanted to know if it was ethical (?) advertising, and if within the proper limits; remarking if it was he "would like to take advantage of a similar write up." It is our opinion that it is not ethical, and on the other hand we do not wish to be understood as saying that a physician's name should never appear in print in connection with a case he is treating or an operation performed, but such newspaper mention should never exploit any particular operation or detail the treatment of any particular case. The conscientious physician or surgeon does not want to see his name in print, in connection with some case or operation, but wants the results of his work to speak for him, as to his skill in surgery or treatment of disease. C. H. S.

Dr. Milton T. Evans sends in an encouraging report from Chautauqua County. With only about fifteen doctors in active practice in that county, they are maintaining a most excellent society. They succeeded in getting nearly every doctor in the county to join. This is due in a large measure to the energy and enthusiasm of the secretary, Dr. Evans.

Chautauqua county Medical Society was only organized February last. Since that time they had five meetings, and every one a success. This county was one of the last to be organized in the state, but is proving to be one of the most useful. The officers and members are to be congratulated on the interest manifested in pushing forward the work of organizing the medical profession. C. H. S.

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NOTE.

Secretaries of the County societies are earnestly repuested to send reports of meetings and all items of personal mention and of local or general interest for publication addressed to Editor, Columbus, Kans.

WHO MANUFACTURES THE NOSTRUMS AND PATENT MEDICINES? IN OTHER WORDS, WHO MAKES DOPE FOR QUACKERY?

Editorial American Journal of Clinical Medicine.

Some time ago we aroused quite a furore in certain quarters and the echo is still reverberating throughout the country—by asking the following question: "Who manufactures the patent medicines and quack nostrums? In other words, who furnishes quackery with the dope?" This question was justified by the fact which is well known in pharmaceutical circles, that the vast majority of the preparations with which the laity is being pestered and poisoned so energetically and so persistently are not as a rule made by the people who are the real owners and promoters. Practically all the proprietors of the fake patent medicines have not the slightest idea of chemistry and manufacturing pharmacy and it would be as impossible for them to make an elegant pill or tablet, to fill a soft capsule, or to make a palatable, compatible mixture as it would be to solve a problem in differential calculus or astronomy.

At the meeting of the A. M. A. at Boston, Dr. Kebler of Washington, Chief of the Drug Laboratory, Bureau of Chemistry U. S. Dept. of Argiculture, showed that a very large proportion of the nostrum manufacturers, 95 per cent. perhaps, have no laboratories of their own, but their remedies are made in the laboratories of the great and supposedly ethical pharmaceutical houses, which are soliciting the business of the doctor, a business which these houses are at the same time secretly undermining. They say it is "business," we say it isn't fair. It is a direct incitement to quackery, for we have no doubt that many of those quacks would not go into business at all if they had to construct their own formulas, build their own laboratories, employ chemists, etc. It would be too troublesome and too risky, while the great so-called ethical houses make it very easy and smooth sailing for them. All the quack has to do is say for what ailment he wants that particular nostrum to be, and the great houses put their knowledge, experience and facilities at the quack's disposal. They construct his formulas, make the preparations, label them artistically and attractively. In short, everything is done to make quackery attractive, and all the nostrum proprietor has to do is to pay the bill and then to push his dope onto the credulous people.

As a contribution to the discussion of the secret-nostrum question and as essential to its solution, this question must be answered. Justice can be done in no other way than by telling all the truth.

It is incumbent upon the Council of Pharmacy and Chemistry and the Journal of the A. M. A. to possess themselves of these facts in their entirety and to let in the light. The inquiries are becoming more and more insistent and already official action has been taken. For instance, the Section of Pharmacology and Therapeutics at the Boston meeting, passed a resolution which read in part as follows:

"The section learns with regret that certain manufacturing pharmacists have practically placed the facilities of their plants at the disposal of venders of some of the worst and vilest nostrums by which the people of the United States have been defrauded. It is obvious that such practices cannot be too severely condemned, especially if the patronage and confidence of the medical profession is to be retained."

The Kansas State Medical Society has also positioned itself, for at its annual meeing in May the following resolution was passed: "Resolved, That manufacturing pharmacists who have engaged in whatever extent in the making of nostrums are hereby requested to abandon such manufacture, either directly for their own trade, or for exploitation by others."

It is up to the doctor to probe farther in this matter. Who is it that is making "cascarets," for instance, or "Carter's pills," "Stuart's dyspepsia tablets," "Damiana wafers," "Force of life" remedies, and a score of other things sold directly to the laity? Do you propose to remain in partnership with the men who make the "patents" and "nostrums?" Do you approve of a business policy that preaches and lobbies for "ethical" preparations with the doctor, while it "borrows" the fomulas of men who really originate successful proprietaries, supplies the druggists with ready made mixtures for counter prescribing, and solicits (on the q. t.) the immensely lucrative business of men who are selling train load after train load of habit forming "dope" to the laity—to their harm and your business injury?

These are questions which it is worth your while to consider and by the solution of which it is worth your while to be governed in the conduct of your own business.

We have no desire in any degree to tear down any honest business structure; we would impede the progress of no conscientious man; but we can no longer keep silence on this subject which is of so great importance to the medical profession—that which is the very backbone of quackery and fraud—that which renders their bombastic and soul-and-body-wrecking methods possible.

Let us assume that it is pure thoughtlessness—that when the

matter is brought to their attention they will stop, but let us keep a weather eye on them to see that they do it, stop and stay stopped, that years of honesty and loyalty to the profession may at least attenuate the injury and disgrace they have caused to the profession.

THE ATLANTIC CITY MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

Illinois Medical Journal.

The 1907 meeting of the American Medical Association, held at the queen of Atlantic coast resorts, Atlantic City, while not so largely attended as the meeting held in Boston, was of unusual interest by reason of the important matters brought before the Association. A determined effort seems to have been made to make trouble by gentlemen representing the proprietary medical interests, the so-called independent journal interests and the usual quota of objectors found in every organization. But the verdict, as might have been expected, resulted in a complete vindication of the officers in charge of the Association for the past ten years, during which time it has shown such remarkable growth and has accomplished so many valuable reforms. One great objection urged against the officers of the Association was the publication of the American Medical Directory, but, as far as our experience goes, there has been no one thing undertaken by this organization which has been so universally applauded as this publication, unless it should be the exposure of the absurd claims of the proprietary medical interests. Both these movements were endorsed.

The subject of medical education was presented by the committee, of which Dr. A. D. Beven of Chicago, is the chairman, and was said to be one of the most interesting features of the meeting. A large proportion of the night medical schools (three out of four) were found by this committee to be in Chicago, and, as all were condemned, it stands to reason that a great deal of the reformatory work in medical education devolves upon the profession in this state. The Association endorsed the recommendations of this committee and it is probable that a foundation was laid which will lead to practical results in the near future. Some of the startling statements made by this committee were:

Of the 160 schools, only about 50 per cent. are sufficiently well equipped to teach modern medicine. About 20 per cent. have no claims to recognition whatever.

Many of the poor schools are conducted as quiz classes for the

purpose of preparing the student to pass the state examination, and not with the object of making him a competent practitioner.

Modern medicine requires a better order of intellect than that possessed by the average student entering its ranks today in this country.

In this country of great wealth and great population and of high average intelligence, we can no longer be satisfied with our present standards of medical education, nor should we be satisfied with any except the highest and best.

Medical schools need endowments in order to meet the demands of present day medicine.

If the public realized the enormous difference that exists between well trained, modern medical service and ignorant, inefficient medical service, they would soon demand and obtain the needed reforms.

A state without the protection of good medical laws, well enforced, becomes the dumping ground of the low grade medical school, with its output of illy perpared medical men.

The next meeting of the Association will be of especial interest to the practitioners of Illinois and the Mississippi Valley, as it is to be held in Chicago. By the time of the meeting there will be from 35,000 to 40,000 members and the circulation of the Journal will have reached the 60,000 mark. Already the Journal has become the largest and most widely circulated weekly in the world. The attendance at the next meeting should be a record breaker, and the membership of our State Society should be greatly increased by this meeting.

THE PHYSICIAN AND THE PUBLIC.

Major Pilcher, Editor Military Surgeon.

While stationed in the far West some years ago my attention was attracted by the unusual ability of a young soldier who had come under my command. Believing that higher things might be in store for him than that of an enlisted man of the army, I began instructing him in the art of medicine. He became much interested in the subject, and, under my direction, pursued the work until he acquired the degree of doctor of medicine and ultimately became employed as an assistant in the Army Medical Museum at Washington. When the entrance of our army into Cuba made the conquest of yellow fever one of the most important forces to be accomplished, he and his chief, the late lamented Walter Reed, determined to enter upon a series of investigations in that direction. The proper ex-

ecution of the work demanded animal experimentation of the highest type. No creature of a lower grade would be sufficient. Humanity itself must be the subject. In the grandeur of self sacrifice, this glorious fellow submitted himself to the bite of a stegomyia calopus from the sick room of a yellow fever patient. The disease promptly developed in its most severe form. The high temperature, the saffron hued skin and the black vomit followed in rapid succession. Death reached out his fleshless fingers for his victim—he tottered upon the very brink of eternity—and only the devoted care of the ablest physicians, based upon a constitution strengthened by correct living and good habits, saved him from the fell destroyer.

From this experiment grew that wonderful series of studies upon which has been based the true theory of the control of yellow fever. I refer to this particular case because I am prouder that I can state that the result of my own teachings brought into the profession a man so highly typical of the best in practice and experimentation. That his example was followed by Jesse Lazear, in whom the experiment resulted fatally and whose brilliant young life was sacrificed for the benefit of the people of tropical America, is but an additional demonstration of the great danger which this loyal physician incurred, without hope of reward, for the benefit of the human race.

This instance reminds me of the case of Guido Chauliac, the great French physician of the twelfth century, whose bold campaign against the plague, which ravaged the continent of Europe, won for him an experience similar to that of our young American medical officer—he acquiring the disease and barely recovering therefrom with his life. But Guido Chauliac was munificently rewarded for the service, was commissioned as a surgeon to the papal court, and honored with place and pelf by successive pontiffs.

What a contrast between the attitude of the twelfth century and that of the twentieth. See Guido rich and powerful; then turn your eye to the twentieth century and observe James Carroll, the hero of the extinction of yellow fever, a simple lieutenant (promoted to major by special act of congress since the delivery of this address) in the United States Army, toiling and working from day to day for his living and for the support of his little family, while altogether unworthy politicians are swimming in the seas of governmental profit and swaying extensive powers. This is a most apt illustration of the rewards for which the young medical man of today has to look in his work.

To no profession does the virtue of charity appeal to so large an extent as that of medicine. The amount of free medical service rendered by physicians is greater by far than the amount for which they recive payment. Many a physician does work without charge which would treble and quadruple his income were he to receive proper compensation for his services.

What other occupation devotes its greatest efforts to reducing the demands for its exercise? Can you imagine a shoemaker entering on a crusade to discourage the wearing of footgear? Can you conceive of a builder devoting his life to the advocacy of open air living? Or is it within the limits of belief that a great meat packer should found an institution for the furtherance of vegetarianism?

Nevertheless, the chief duty of the physician, as is fully recognized in the profession, lies along the very lines which we have indicated. It is his duty to cut out from under himself the very means of his support. He owes to the public, not so much the cure of individual cases which may arise, but the elimination of the great causes of those affections. It is not so much his work to administer the remedies which may cause the recovery of a singie patient from illness, as it is his higher duty to discover the cause of disease and to elimniate them from the life history of mankind.

MEMBRANOUS CROUP.

By V. E. Lawrence, M. D., Ottawa, Canada, in The Canadian Journal of Medicine and Surgery.

Of the many calls which come to the general practitioner, few, perhaps none, are more urgent or more dreaded than those to attend a case of croup.

Croup is so swift and fatal in its action, and the anxiety and dread with which it is regarded by the child's parents is so intense, that the doctor is impelled to use his best efforts to allay the attack.

Some years ago, dissatisfied with the results of the ordinary treatment for croup, I was led to try the Brown Iodide of Lime, and the results were so markedly successful that Membranous Croup has had no terrors for me. In the last seven years I have treated over twenty-five cases of this fatal disorder with Iodide of Lime without a single failure. Under its use the symptoms quickly improve and invariably disappear, and the patient moves forward to a sure and rapid recovery.

My experience with Iodide of Lime has convinced me that it is a true specific for Membranous Croup, and that its properties war-

rant the most careful attention and widespread use on the part of all physicians who are called upon to treat this disease.

One reason why it has not become more generally known and used, is that it is not ordinarily mentioned in works on therapeutics; and another, and perhaps more important one, is that it is confused with the ordinary Calcium Iodide (yellow) which is practically inert. The Brown Iodide of Lime is entirely distinct from Calcium Iodide, and is infinitely more active and potent in its properties.

In all cases of croup, however, it is necessary to distinguish carefully between membranous and diphtheritic. Some cases of diphtheritic croup, where the exudate confines itself to the trachea and smaller tubes and fails to appear on the tonsils, resemble membranous so closely that a definite diagnosis is difficult, if not impossible; but these cases are rare. and the tonsils become affected not later than the fourth day. Again, the exudate of membranous croup is fibrous and elastic, while that of diphtheritic croup is non-elastic and cellular. Even in diphtheritic croup, however, the Iodide of Lime assists in removing the exudate from the trachea, so that it is indicated whenever croupous symptoms appear. Besides, it is not poisonous.

The same properties which make it a specific in croup make it valuable in all cases of enlarged glands, including fibroid tumors, prostatitis, etc. I prescribe 10 to 15 grains in four ounces of water. Dose, teaspoonful every fifteen to thirty minutes until symptoms improve; then less frequently. The deposit of lime in the bottom of the cup may be allowed to remain unshaken, as the virtues of the remedy are in solution. It must be protected from the light.

In closing, I cannot express too strongly my faith in the Brown Iodide of Lime, and I urge those of any fellow physician who are unfamiliar with the preparation to try it and see for themselves its valuable properties.

Hettinger Bros.' Mfg. Co. of Kansas City, Mo., carries one of the most complete and up to date line of surgical instruments of any house west of the Mississippi River. This reliable house is ready to furnish anything in the way of surgical supplies that a physician or surgeon may need.

The state of Georgia has decided that Dr. Crawford Long, who did pioneer work in anesthesia, shall be one of the two citizens who shall be commemorated by a statue in the capitol at Washington.

THE DOCTOR.

The following poem was written by James Whitcomb Riley in memorium of Dr. W. B. Fletcher of Indianapolis who died April 25, and was published in the Indianapolis Morning Star on the day of the funeral:

THE DOCTOR.

"He took the suffering human race;
He read each wound—each weakness clear—
And struck his finger on the place
And said, 'Thou ailest here—and here.' "
—Matthew Arnold.

We may idealize the chief of men—
Idealize the humblest citizen—
Idealize the ruler in his chair—
The poor man, or the poorer millionaire;
Idealize the soldier—sailor—or
The simplest man of peace—at war with war;—
The hero of the sword of fife-and-drum . . .
Why not idealize the Doctor some?

The Doctor is, by principle we know,
Opposed to sentiment; he veils all show
Of feeling, and is proudest when he hides
The sympathy which natively abides
Within the stoic precincts of a soul
Which owns strict duty as its first control,
And so must guard the ill, lest worst may come . . .
Why not idealize the Doctor some?

He is the master of emotions—he
Is likewise certain of that mastery—
Or dare he face contagion in its ire,
Or scathing fever in its leaping fire?
He needs must smile upon the ghastly face
That yearns up tow'rd him in that warded place
Where even the saintlike Sisters' lips grow dumb . . .
Why not idealize the Doctor some?

He wisely hides his heart from you and me—
He hath grown tearless, of necessity—
He knows the sight is clearer, being blind;
He knows the cruel knife is very kind;
Oft times he must be pitiless, for thought
Of the remembered wife or child he sought
To save through kindness that was overcome . . .
Why not idealize the Doctor some?

Bear with him, prayerful, in his darkest doubt
Of how the mystery of death comes out;
He knows—he knows—aye, better yet than we,

That out of Time must dawn Eternity;
He knows his own compassion—what he would
Give in relief of all ills if he could.
We wait alike one Master—He will come . . .
Do we idealize the Doctor some?

—James Whitcomb Riley in Journal of
the American Medical Association.

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BOOK REVIEW.

A Helpful Review. The June issue of Progressive Medicine published by Lea Brothers & Co., of Philadelphia, contains 381 pages, and gives a fair digest of recent literature on the subject of Hernia, Surgery of the Abdomen, Gynecology, Diseases of the Blood, and Ophthalmology. Stengel's article on the diseases of the blood and ductless glands fails to enumerate Dr. Langworthy's cases of Addison's disease when summarizing the reports on that disease. This comes, of course, of too great attention on the part of such writers to foreign literature and too little to local American literature. Dr. Coley's article on hernia, in the operating for which he is a past master, and Dr. Foote's article on abdominal surgery in general, are well illustrated. Dr. Jackson of Denver, writes on Ophthalmology. Altogether this number seems one of the best we have seen.

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A synovitis that persists despite careful treatment should arouse suspicion of tuberculosis.—American Journal of Surgery.

SOCIETY NEWS.

The Southeast Kansas Medical Society will meet at Parsons Sept. 3. The committee is planning for a big attendance and an interesting meeting. This is one of the district societies that has kept up its organization and made good. It is hoped the attendance will come up to the expectations of the local committee.

At the last meeting of the Reno County Medical Society the regular program was dispensed with and the entire evening devoted to a discussion of the business affairs of the profession of the county, with especial reference to better fee and increased charges for insurance examination. Society adjourned for the summer to begin active work in September. W. F. Schoon, Sec

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Topeka, Kans., July 6, 1907. The regular monthly meeting of the Shawnee County Medical Society was held at the National Hotel, Topeka, on July 1st, with Vice President Esterly in the chair.

Dr. W. L. Warriner presented a report of a very difficult labor, in a tuberculous young woman, with all the pelvic diameters greatly lessened. Caesarian section was done with death of child. This report was discussed very freely, many urging the importance of the early use of the pelvimeter.

The paper of the meeting was one by Dr. J. B. Tower on Diet in Typhoid Fever, in which he urged the importance of withholding food during the first few days, thinking it a serious mistake to crowd the early feeding. This paper was freely discussed by every member present.

No business was transacted, and the society adjourned for one month. J. B. Tower, Secy.

Hiawatha, Kans., July 5. The regular quarterly meeting of the Brown County Medical Society was held July 2nd in parlors of Hotel Grand, Horton, Kans. The attendance was only fair, but each and every person present manifested a keen interest in the welfare of the society and society work. Because of matters of business that came up for consideration, very little time was given to the regular program. After a thorough review of some evidence filed against one of the practitioners of Brown county, the following resolution was submitted to the society and adopted by a unanimous vote:

"We, the members of the Brown County Medical Association,

find after thorough and impartial investigation, that I. L. Meyer, 'M. D.,' of Hiawatha, Kansas, is entirely unethical, unprofessional and dishonorable, and therefore unfit for recognition by any respectable physician."

Society adjourned to meet in Fairview, Kans., at next regular meeting.

L. W. Shannan, Secy.

Goodland, Kans., July 12. The meeting of the Western Kansas Medical Society held at Colby on the 10th inst. was fairly well attended and an interesting program rendered, of which I enclose you copy. Those present were Drs. Eddy, Lowis and Beaver, Colby; Drs. Smith and Carmichael, Goodland; Dr. Stroup, Winona; Dr. Hawkins, Brewster; Dr. Stoner, Quinter, and Dr. Parker, Hill City. The next meeting will be held at Oakley Oct. 9. F. A. Carmichael, Secy.

PROGRAM—MORNING SESSION.

9:30 Paper, Cholera Infantum, Dr. J. H. McNaughton, Gove.
Discussion by Dr. Eddy, Colby; Dr. Marsh, Menlo.

10:00 Paper, Typhoid Fever, with special reference to its diagnosis and treatment, Dr. E. J. Beckner, Seldon.
Discussion by Dr. Gulick, Goodland; Dr. Lowis, Colby.

10:30 Clinical Report of the Recent Epidemic of Cerebrospinal Meningitis at Goodland, Kans., Dr. F. H. Smith, Goodland.

11:00 Acute Epidemic Cerebrospinal Meningitis-- History and Review of Recent Current Literature, Dr. Frank A. Carmichael, Goodland.
Discussion by Dr. C. D. Blake, Ellis; Dr. D. M. Forbes, Seldon.

11:30 Clinical Reports—1. Some Interesting Cases of Pneumonia; 2. Post Mortem Findings in a Case of Multiple Abcess of the Lung, Dr. H. Austin Stroup, Winona.

12:00 Luncheon.

AFTERNOON SESSION.

2:30 Paper Cardiac Affections with case reports, Dr. C. M. Miller, Oakley.
Discussion by Dr. Blake, Ellis; Dr. E. D. Beckner, Hoxie.

3:00 Acne—Paper and Case Report. Dr. T. F. Howell, Ellis.
Discussion by Dr. Barclay, Grinnell; Dr. Beaver, Colby.

3:30 Clinic.

4:30 Business Meeting.

Sedan, Kans., July 12, 1907. Chas. S. Huffman, Sec. State Medical Society, Columbus, Kans. My Dear Doctor: As you are the secretary of the State Medical Society, you can better understand than any one else the position I hold and the work it requires to keep things going in the medical family of the county.

For over thirty years efforts have been made from time to to time to organize in this county. I have lived in this county for the past 29 years, spent my boyhood days here, have associated with the doctors here and know much of their peculiarities.

I have been in practice in this county for about twelve years. In former times was a school teacher. If you will look over your files you will see that I was appointed secretary last October by Dr. L. S. Trusler. I paid no attention to it whatever until some of the doctors from Cedarvale wrote over and requested me to advertise a meeting. This I did. We met, only five of us, the first Monday in February, and organized. Dr. G. W. Goss as president, and myself as secretary. I went after it in my own way and advertised each meeting, writing from four to five circular letters during the month. Enclosed find a sample of one of those letters.

There are only about fifteen doctors in active practice in the county and of course it has been hard to make some of the doctors understand that it was impossible to have a large turn out at our meeting when we did not have the doctors to turn out, and that we were lucky to have a quorum on an average.

Some of the boys have not been receiving the State Journal, B. E. Garrison of Sedan, and B. F. Finn of Cedar Vale. Look over the list of members and see that all paid up, not honorary members, are receiving the Journal.

We have had a full quorum ever since our first meeting in February except one. Five meetings. I think for so few doctors and so widely scattered and poor railroad accommodations that we have done fairly well. Our next meeting will convene in Peru, Monday, Aug. 5. One thing I must inquire about: A doctor who has recorded his license in one county and moves to another county in Kansas should he not again register in the county clerk's office?

Now doctor, I have been somewhat lengthy in this report. You can shorten it and give us a report in the State Journal next month. I am doing my best to consolidate the profession in this county and think we are in a degree succeeding. Respectfully,

Milton T. Evans, Rec. Sec.

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Report of Council on Pharmacy A. M. A.

IODIPIN 25 PER CENT.

A preparation similiar to the preceding, but intended for hypodermic administration.

Dosage.—2 to 6 Cc. (30 to 90 minims) by hypodermic injection. This article is also marketed in the form of capsules, each containing 2 Gm. of iodipin 25 per cent. Prepared by E. Merck, Darmstadt. (E. Merck & Co., New York.)

IODOFORMOGEN.

A nearly odorless mixture of iodoform and albumin.

Actions and Uses.—Its action is that of iodoform, which is slowly liberated in connection with wound surfaces, making the action more persistent. It limits secretion, favors granulation and promotes drying. Iodoformogen is recommended as adusting powder for ulcerated surfaces. Dosage.—Being about three times as voluminous as iodoform, it is usually applied undiluted to the affected parts. It mav be used as a snuff in ozena, mixed with an equal amount of boric acid. Manufactured by Knoll & Co., Ludwigshafen a. R. and New York.

IODOTHYRINE.

Iodothyrine is a milk sugar trituration of the active principle of thyroid gland, 1 Gm. reprsenting l Gm. of fresh gland and containing 0.0003 Gm. of iodine.

Actions and Uses.—It is similar in action to Glandulae Thyroideae Siccae, U. S. P., but it is claimed to possess the advantage of more definite strength and absence of decomposable extraneous matter. Dosage.—Adults, 0.6 to 2 Gm. (10 to 30 grains); children, 0.3 to 1 Gm. (5 to 15 grains) per day. Manufactured by Farbenfabripken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York). E. Merck, Darmstadt (Merck & Co., New York.)

ISOFORM POWDER.

Isoform powder is a mixture of para-iodoxy-anisol, C6, H 4, (OCH3) (IO2) 1:4=C7, H7, O3, I., an iodoxy-derivative of anisol, with an equal weight of calcium phosphate.

Actions and Uses.—It is a germicide and antiseptic in consequence of its oxidizing power and in contradistinction to iodoform, it acts not only in a medium free from oxygen, but in conjunction with free access of air. It is claimed to be non-toxic in comparatively large doses and to be absolutely non-irritant to the unbroken skin. It is recommended as a substitute for iodoform. Dosage.—

Internally, 0.65 to 2 Gm. (10 to 30 grains) per day. It is used externally as a dusting powder, as a paste with glycerin, as ointments, suspensions in glycerin, gauzes, etc., in strength varying up to 10 per cent. of pure isoform. Manufactured by Farbwerke, vorm. Meister, Lucios & Bruening, Hoechst a. M. (Victor Koechl & Co., New York.)

ISOPRAL.

Isopral, CCI3, CHOH. CH 3,=C3, H5, OCL3, is L, L, L-trichlor-2-propanol.

Actions and Uses.—Isopral resembles chloral in its action, but is effective in smaller dose. It is prompt in effect and apparently devoid of cumulative action. It has some degree of local anesthetic power. It may be used as a substitute for chloral hydrate and is servicable as an alternative in cases in which it is necessary to give hypnotics for a long time. Dosage.—0.3, 0.6 to 1 Gm. (5, 10 to 15 grains) in capsules or wafers which should be dispensed in well-stoppered glass vial. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York.)

KASAGRA.

A fluid extract said to conform in drug strength to the requirements of the U. S. Pharmacopeia for fluid extracts. It is prepared with especial care, the drug being extracted with a menstruum containing no alcohol. The preparation is said to contain 0.05 per cent. of alcohol.

Actions and Uses.—Kasagra is recommended as an especially palatable preparation of cascara, owing its laxative effects to this drug alone. Dosage.—1 to 2 Cc. (15 to 30 minims) four times a day, half an hour before meals and at bedtime. Prepared by F. Stearns & Co., Detroit, Mich.

KOLA, Stearns.

Each 30 Cc. (1 fluid ounce) is said to represent 31 Gm. (480 grains) of fresh kola nut. It contains 23.5 per cent. of alcohol.

Actions and Uses.—Kola seeds contain from 1.5 to 3.6 per cent. of total alkaloids of which from 1-100 to 1-40 is theobromine and the rest is caffeine. About one-half of the caffeine is combined as kolatannate of caffeine. The actions and uses of the remedy are essentially the same as caffeine. It is probable that the kola-tannate is not so active as free caffeine. Dosage.—2 to 4 Cc. (½ to 1 fluidram) three times a day. Prepared by Frederick Stearns & Co., Detroit, Mich.